

Foster Family Home - Corrective Action Report

Provider ID: 1-521783

Home Name: Rowena Lat, CNA

Review ID: 1-521783-6

98-845 Illee Street

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 10/14/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 10/16/19. Corrective Action Report issued during home inspection with all items due to CTA by 11/16/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - No current APS/CAN and eCrim for CG #2. APS/CAN expired on 9/29/17.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(8) - CPR and First Aid expired on 9/5/18 for CG #1 and CG #2. Not obtained until 3/29/19. No date on blood borne pathogen certificates for CG #1 and CG #3.

41.(c) - Only 2 hours of in-service training for CG #2 for the last 12 months.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff - No Sign In/Sign out sheet present for last 12 months.

Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Rowena Lat

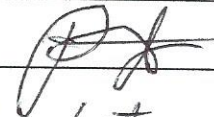
CCFFH Address: 98-845 Iliee St., Aiea, HI 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)(2) 41.(b)(8)	I received current APS/CAN and eCrim from CG #2. I received updated Blood Borne Pathogen certificates from CG #1 and CG #3. I showed CTA current CPR and First Aid certificates for CG #1 and CG #2 on the day of my recertification. I placed them in my CCFFH binder.	12/30/19	I will make sure all CG's will get APS/CAN, eCrim and TB before I hire them. I put all expiration dates on my calendar. I will check it every month.
41.(c)	I will make sure all CG's have 12 hours of in-service training every year.	12/30/19	I made a list of in-service training for all CG's for 2020. I will make sure all CG's have 12 hours of the training by December 2020.
(3P)(b)(2)	I sent CTA my sign in/sign out for the last month to show that I am doing it correctly.	12/30/19	I will use a sign in/sign out sheet every time I leave my home. I put it by the front door.

Primary Caregiver's Signature: _____

Print Name: _____

Date of Signature: _____



 Rowena Lat 12/30/19